

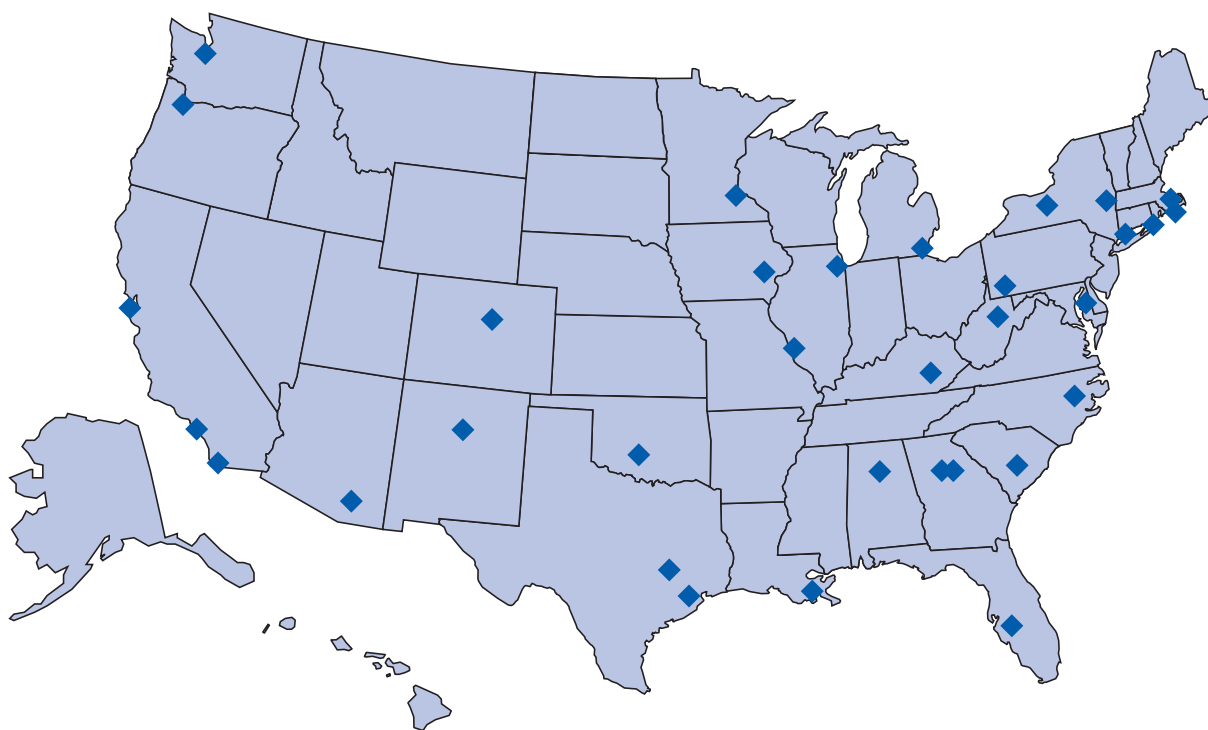


Prevention Research Centers

Merging Research and Practice

2006

CDC's Network of Prevention Research Centers,* Fiscal Year 2006



* A list of the 33 centers and their core projects is provided on page 3.

"It will take all of us to switch from a treatment-oriented society to a prevention-oriented society, but the effort will be worth it for individuals, families, and for the overall health of our nation."

Vice Admiral Richard H. Carmona, MD, MPH, FACS
Surgeon General, U.S. Department of Health and Human Services

Building Partnerships to Save Lives and Resources

In 1984, Congress authorized the U.S. Department of Health and Human Services (HHS) to create a network of academic health centers to conduct applied public health research. CDC was selected to administer the Prevention Research Centers (PRC) network and to provide leadership, technical assistance, and oversight.

Today, CDC supports 33 centers associated with schools of public health or medicine throughout the country. Each center conducts at least one core research project with an underserved population that has a disproportionately large burden of disease and disability.

By involving community members, academic researchers, and public health agencies, the PRCs find innovative ways to promote health and prevent disease. The partners design, test, and disseminate strategies—often as new policies or recommended public health practices.

In addition to conducting core research, the centers work with partners on special interest projects (as defined by CDC

and other HHS agencies), as well as projects funded by other sources. As a result, the PRCs' portfolio includes about 500 research projects each year.

The prevention researchers help people reduce a variety of risk factors in their individual lives or in their communities. Some centers work with distinct populations, such as African Americans and Latinos in inner cities, Mexican Americans along the U.S.–Mexico border, American Indians in New Mexico and Oregon, below-poverty-level residents in rural communities, and people with hearing disabilities. Others focus on organizations that serve youth or seniors. All centers share a common goal of addressing behaviors and environmental factors that cause chronic diseases such as cancer, heart disease, and diabetes. Several PRCs also address injury, infectious disease, mental health, and global health.

Through scientific rigor, collaborative partnerships, practical application, and community acceptance, the PRCs continue to find new ways to improve the nation's quality of life.

Disseminating Proven Strategies

The PRCs serve as a national resource for developing and applying effective prevention strategies at the community level, as the following two examples illustrate.

Helping Seniors Enjoy Life

Researchers at the University of Washington PRC partnered with the local Area Agency on Aging and a nonprofit group called Senior Services to develop and evaluate an intervention to address depression among low-income older adults. The resulting Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) provided eight 50-minute, in-person sessions with a trained social service worker in a client's home over 19 weeks. In addition to a skill-building intervention, the social service worker scheduled social and physical activities for the client. After 1 year, researchers reported that 43% of the seniors who had participated in the PEARLS sessions reported a 50% decline in depressive symptoms, compared with only 15% of seniors who did not participate. Depression resolved completely for 36% of participants, compared with 12% of nonparticipants. Participants also reported improved functional and emotional well-being and fewer hospitalizations. Several groups that serve seniors in the Seattle area are already using PEARLS, and researchers are working with the Washington State Department of Social and Health Services and community agencies to find ways to disseminate it further.

Reducing Smoking Among Teens

The Not-On-Tobacco (N-O-T) program is designed to help young people aged 14–19 quit smoking. It was developed and tested by researchers at the West Virginia University PRC in collaboration with local education departments and the American Lung Association. N-O-T consists of 10 50-minute, gender-specific group sessions held mostly in schools and led by trained facilitators. Topics include motivation, preparing to quit, and relapse prevention.

A review of studies conducted in West Virginia, Florida, and North Carolina reported a quit rate of 15% among N-O-T participants, compared with a rate of 8% among students in a comparison group that received only a brief standard intervention. Nearly 33,000 teenagers in 47 states participated in the N-O-T program during 1999–2003. As a result, about 1 of 6 (5,000) teenagers quit smoking.

The N-O-T program is recognized as a national model by the American Lung Association and is listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices (<http://www.modelprograms.samhsa.gov>). To increase the program's reach, materials are being translated into Spanish, and a culturally appropriate version for American Indian youth is being created.

Prevention Research Centers: Core Projects

University of Alabama at Birmingham

Reducing health risks and health disparities in Alabama's underserved, rural, predominantly African American communities.

University of Arizona

Influencing policy and conducting behavioral interventions to prevent and control diabetes in multiethnic communities along the Arizona–Mexico border.

Boston University

Improving the health and well-being of Boston's public housing residents.

University of California at Berkeley

Improving health in California's Korean American community.

University of Colorado

Reducing the risk for overweight, obesity, and diabetes among children and adults in the Rocky Mountain region of Colorado.

Columbia University

Developing a tailored Web site to improve communication to promote the health of low-income, minority communities.

Emory University

Reducing health disparities and preventing cancer in rural southwest Georgia.

Harvard University

Improving nutrition and physical activity among children and adolescents.

University of Illinois at Chicago

Preventing diabetes in Chicago's low-income, underserved, minority communities.

University of Iowa

Empowering community groups in rural Iowa to improve the health and quality of life of community residents.

Johns Hopkins University

Preparing young people in Baltimore to become healthy and productive adults.

University of Kentucky

Preventing and controlling cancer among residents in rural Appalachian Kentucky.

University of Michigan

Increasing the ability of communities to reduce health disparities and improve residents' health.

University of Minnesota

Preventing and reducing risk behaviors among teenagers and promoting healthy adolescent development.

Morehouse School of Medicine

Building the capacity of low-income, African American communities to promote health, prevent disease, and reduce health disparities.

University of New Mexico

Promoting the mental health and well-being of American Indian youth and their families.

University of North Carolina at Chapel Hill

Reducing the risk for obesity among rural, low-income, and minority women by empowering them to make healthy life changes.

University of Oklahoma

Promoting healthy lifestyles among students in public schools.

Oregon Health and Science University

Improving the health of American Indian, Alaska Native, and Native Hawaiian communities.

University of Pittsburgh

Preventing disease and promoting healthy, active lives for older adults in Pennsylvania.

University of Rochester

Promoting health and preventing disease among people who are deaf or hard of hearing.

Saint Louis University

Reducing risk for heart disease, stroke, and cancer among residents in medically underserved, rural areas of Missouri.

San Diego State University and University of California at San Diego

Increasing physical activity and improving health among Latinos in San Diego.

University of South Carolina

Promoting physical activity and reducing disparities in physical activity levels in underserved communities.

University of South Florida

Using community-based prevention marketing to improve community health.

State University of New York at Albany

Preventing and controlling diabetes among medically underserved residents in the capital region of New York State.

Texas A&M University

Preventing diabetes and other chronic diseases in underserved rural communities.

University of Texas Health Science Center at Houston

Investigating influences on children's behavior as they age to early adulthood.

Tulane University

Improving health behaviors of New Orleans residents through neighborhood reconstruction and environmental change.

University of California at Los Angeles

Involving parents in promoting health, reducing risk behaviors, and preventing disease among adolescents.

University of Washington

Promoting physical activity among older adults.

West Virginia University

Improving health and quality of life for rural adolescents.

Yale University

Preventing or reducing chronic disease among residents of Connecticut's economically disadvantaged cities.

"The case for prevention of chronic disease is compelling. Although Americans are living longer than previous generations, we are witnessing an unprecedented increase in the prevalence of chronic diseases."

Michael O. Leavitt, Secretary of the U.S. Department of Health and Human Services

Capitalizing on Unique Opportunities for Research and Collaboration

Networking Knowledge and Skills

PRCs encourage interaction among faculty from different disciplines, thus bringing an array of expertise to each project. This blending of expertise is essential to solving complex health and psychosocial problems. Departments of education, social work, psychology, anthropology, and many others work with the schools of public health and medicine. In addition, the PRC network fosters collaboration among the centers despite academic affiliations or geographic boundaries. Sets of PRCs work together to address priority health issues such as healthy aging and cancer prevention.

Because each center offers a unique geographic location and community relationship, researchers can simultaneously test interventions in different settings. The PRCs also work closely with state and local health departments, managed care alliances and health maintenance organizations, state education agencies, and national and community organizations. Through these partnerships, promising research findings are translated into practical, cost-effective prevention programs in communities.

Gaining and Sustaining Community Trust

To encourage trust, the academic institutions and community partners that constitute the PRCs make long-term commitments and take time to build solid working relationships. Researchers strive to respect the dignity of project participants and the values of the overall community. As a result, communities are able to implement and sustain change over time. These established relationships also allow other public health groups to introduce new research projects and health programs. The PRC program also strives to continually improve trust among communities, public health practice partners, and academic partners. The program's ongoing Trust Project seeks to learn about partners' perceptions of trust and to develop innovative ways to enhance their working relationships.

Resource for Training

In collaboration with the Association of Schools of Public Health, the PRCs offer 2-year fellowships for doctoral-level students of racial or ethnic minority origin. To date,

23 fellows have gained hands-on experience with projects directed by the centers and their partners. The PRCs also offer extensive continuing education for health practitioners, public health professionals, and aspiring leaders seeking challenge and growth.

Several PRC trainings were highlighted in 2005 in the online journal *Preventing Chronic Disease* (available at http://www.cdc.gov/pcd/issues/2005/apr/04_0139.htm). Examples include an evidence-based public health course at Saint Louis University, a physical activity and public health course for public health practitioners at the University of South Carolina, and a social marketing education program at the University of South Florida. Other PRC training opportunities include week-long institutes on a variety of health topics and workshops requested by state health departments for their staffs.

Future Directions

The PRC network will continue to promote dissemination of effective interventions. Once an intervention has been proven to work, other groups may want to disseminate it. The PRCs receive thousands of requests for information or materials related to an intervention. They also work to raise awareness of successful interventions and their availability.

In addition, the PRC program will continue to collaborate with other CDC divisions to find ways to translate research into practice through community-based research and public health programs. The PRCs also will work across organizational lines to cosponsor forums and other discussions of crosscutting research.

To increase its accountability, the PRC network is using Project DEFINE (Delivering Evidence and Findings: Implementing the National Evaluation) to review how PRCs are contributing to public health practice and policy. CDC, an external evaluation team, and an advisory group of stakeholders developed a set of indicators to document the PRCs' activities and outcomes, including research, training, and dissemination. An electronic information system helps track and consolidate data. The results of this evaluation will enhance the rigor of the PRCs' research and ensure accountability to stakeholders.

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